



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

08/19/99 LJC

PRODUCER

A) TransProtection Service Company
One United Drive
Fenton, MO 63026-1542

B) Rheams Insurance Services Inc.
12444 Powerscourt Drive, Suite 375
St. Louis, MO 63131

INSURED

ATTN: KATHY BRITTIN
UNIGROUP, INC.
MAYFLOWER TRANSIT, INC.
P. O. BOX 26150
FENTON, MO 63026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGECOMPANY
LETTER **A**

VANLINER INSURANCE COMPANY

COMPANY
LETTER **B**

INDEMNITY INSURANCE COMPANY OF NA

COMPANY
LETTER **C**COMPANY
LETTER **D**COMPANY
LETTER **E****COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				<table><tr><td>GENERAL AGGREGATE</td><td>\$</td></tr><tr><td>PRODUCTS-COMP/OPS AGGREGATE</td><td>\$</td></tr><tr><td>PERSONAL & ADVERTISING INJURY</td><td>\$</td></tr><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>FIRE DAMAGE (Any one fire)</td><td>\$</td></tr><tr><td>MEDICAL EXPENSE (Any one person)</td><td>\$</td></tr></table>	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OPS AGGREGATE	\$	PERSONAL & ADVERTISING INJURY	\$	EACH OCCURRENCE	\$	FIRE DAMAGE (Any one fire)	\$	MEDICAL EXPENSE (Any one person)	\$
GENERAL AGGREGATE	\$																
PRODUCTS-COMP/OPS AGGREGATE	\$																
PERSONAL & ADVERTISING INJURY	\$																
EACH OCCURRENCE	\$																
FIRE DAMAGE (Any one fire)	\$																
MEDICAL EXPENSE (Any one person)	\$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				<table><tr><td>COMBINED SINGLE LIMIT</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
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BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>AGGREGATE</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$	AGGREGATE	\$														
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<table><tr><td>STATUTORY</td><td></td></tr><tr><td>\$</td><td>(EACH ACCIDENT)</td></tr><tr><td>\$</td><td>(DISEASE-POLICY LIMIT)</td></tr><tr><td>\$</td><td>(DISEASE-EACH EMPLOYEE)</td></tr></table>	STATUTORY		\$	(EACH ACCIDENT)	\$	(DISEASE-POLICY LIMIT)	\$	(DISEASE-EACH EMPLOYEE)				
STATUTORY																	
\$	(EACH ACCIDENT)																
\$	(DISEASE-POLICY LIMIT)																
\$	(DISEASE-EACH EMPLOYEE)																
B	CARGO LEGAL LIABILITY	484816	05/01/99	05/01/00	\$75, *SEE BELOW												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

*LEGAL LIABILITY OF MAYFLOWER TRANSIT, INC. SUBJECT TO TERMS OF SHIPPING AGREEMENT FOR EACH INDIVIDUAL SHIPMENT.

CERTIFICATE HOLDER

U.S. DEPT. OF ENERGY
C/O OAK RIDGE NATIONAL LAB
ATTN: L. D. GASAWAY
P. O. BOX 2008
OAK RIDGE, TN 37831

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVEA) *Gae D. Preston*B) *Larry R. Ruan*